

Insurance Application Form

AIB AUSTRALIA

PARTICIPATING BROKER

Name:	<input type="text"/>		
A/C Exec:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>	FSRA Licence No.:	<input type="text"/>

YOUR DUTY OF DISCLOSURE

What you must tell us:	<p>The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.</p>
Penalty for non-disclosure:	<p>If you do not tell us everything necessary, we may:</p> <ul style="list-style-type: none"> • reduce or refuse to pay a claim, or • cancel your Policy. <p>If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.</p> <p>You do not need to tell us anything which:</p> <ul style="list-style-type: none"> • reduces the risk, • is common knowledge, • we already know, or ought to know in the ordinary course of our business, • we indicate we do not want to know. <p>If you are not sure if something is relevant, it is best to disclose it anyway.</p>

THE APPLICANTS

Name(s) of Organisation in full including trading name:

Date your Organisation first commenced operations

ABN or ACN or ARNM (one only)

Postal Address:

Street:

Town:

State:

Post Code:

Phone No. Private:

Phone No. Business:

Fax No.:

Mobile :

Email:

Website:

Other interested Persons (e.g. Mortgagees or Lessors):

Period of Insurance, From:

To: at 4 pm

GENERAL INFORMATION

Has the Organisation, or any director/partner/manager:

• ever had any insurance declined, cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? Yes No

• ever been declared bankrupt, or put into receivership or voluntary liquidation? Yes No

• ever been charged/convicted of any criminal offence in the last 5 years? Yes No

Are there any other matters you should disclose? (see "Your duty of Disclosure") Yes No

If you have indicated YES to any of the above questions please give details.

GENERAL INFORMATION (cont)

Has your Organisation held insurance in the last 5 years?

Name of Current/Previous Insurer(s)	Policy Number	Start & Finish Dates
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>

In the last 5 years have you ever claimed under a policy of insurance or is there now a claim pending against you or any other director/ official of the organisation applying for this insurance? If yes please provide details below.

Insurer(s)	Date of incident	Description of loss/circumstance	Amount Paid/ Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Details of the Organisation/Premises

Is your business a:

- a) Childcare Centre, Licensed by your relevant State Government Department? Yes No
- b) Home-Based Child Care (carried out at your home), Licensed by an approved State Government accreditation agency or association.
If Yes, please complete the COVER REQUIRED for Sections 8 Liability (\$5,000,000 OR \$10,000,000) and 9 Professional Indemnity (\$2,000,000), 13 and 14 as necessary. Yes No
- c) Childcare Facility/Service that is not required to be Licensed in your State
(Please note - we are unable to offer cover for unlicensed Child Care Facilities/Services other than before and/or after school care provided from the school premises). Yes No
- d) Property owner but not the operator of a Childcare Centre.
If Yes, please complete the COVER REQUIRED Sections 1, 2, 3, 4 (Theft), 5, 6 and 8 as necessary. Yes No

Please provide your License Number applicable to (a) or (b) above:

Please advise the name of the Licensing Authority who you are licensed with in your state:

What is the maximum number of children this centre is licensed to care for by the Licensing Authority?

The year your business was established?

GENERAL INFORMATION (cont)

Employee and/or volunteer details

Employees professionally qualified	<input type="text"/>	Employees unqualified	<input type="text"/>	Volunteers	<input type="text"/>
Carers	<input type="text"/>	Counsellors	<input type="text"/>	Annual wage roll	<input type="text"/> \$
Risk location	<input type="text"/>				
State:	<input type="text"/>	Post Code	<input type="text"/>		

Type of Construction:

Walls	<input type="text"/>	Floors	<input type="text"/>	Roof	<input type="text"/>
No. of Storeys	<input type="text"/>	Year Built	<input type="text"/>		
If the building is over 30 years, has it been rewired?	<input type="text"/>	If yes year when it was last rewired?	<input type="text"/>		

Fire & Theft protection:

Fire - are the premises protected by:

Fire Sprinkler System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke or Heat detection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hose reels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mains water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no mains water please provide details of water supply

Theft - How are the premises protected against entry:

Deadlocks on all external doors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Window locks	<input type="checkbox"/> Yes <input type="checkbox"/> No
External Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm system	<input type="checkbox"/> Yes <input type="checkbox"/> No

If protected by an alarm system:

(a) is it Monitored? Yes No

(b) by which security company

If there are other tenants in the building, please list their occupations

COVER REQUIRED

SECTION 1 PROPERTY (sums insured should represent full rebuilding/replacement and extra cost of reinstatement and ancillary costs.)

Buildings including fixtures & fittings	<input type="text"/>
Contents including Stock and property you are responsible for	<input type="text"/>
External Equipment e.g. furniture, play equipment and the like.	<input type="text"/>

SECTION 2 INTERRUPTION INSURANCE

Indemnity period	<input type="text"/> months
Gross Income including all money paid or payable to you	<input type="text"/>
Do you require the following Optional Extensions:	
1. Additional Increase in Cost of Working	<input type="text"/>
2. Accountant and other professional costs for claims preparation	<input type="text"/>
3. Book Debts	<input type="text"/>

SECTION 3 TAX AUDIT

Do you require Tax Audit cover (\$20,000)? Yes No

Have you been subject to any investigation or tax audit by any Commonwealth, State or Territory department in the last 12 months? Yes No

If Yes, please provide details.

SECTION 4 CRIME

Part A – Money

Do you require cover for Money (Blanket Limit \$10,000 - \$500 outside of business hours) Yes No

Part B – Burglary or Theft of Property

Do you require cover for Burglary (Blanket Limit \$50,000 - \$10,000 property in the open air) Yes No

Do you require a higher limit? If yes, please show limit required. Yes No

\$

Part C – Theft by Officials

Do you require cover for Theft by Officials (Limit \$5,000 per person and per policy period) Yes No

COVER REQUIRED (cont)

SECTION 5 GLASS BREAKAGE

Do you wish to insure internal and external glass? Yes No

Do you wish to increase the standard limits for:

Frames & Signs	\$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes please indicate the increased amount here	\$ <input type="text"/>
Temporary shuttering, sign writing	\$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes please indicate the increased amount here	\$ <input type="text"/>
Destruction of Contents	\$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes please indicate the increased amount here	\$ <input type="text"/>

SECTION 6 BREAKDOWN OF MECHANICAL AND ELECTRONIC EQUIPMENT

Part A – Breakdown of Mechanical Equipment Do you require cover for Mechanical Equipment (Blanket Limit \$10,000 and Deterioration of refrigerated goods \$3,000)? Yes No

Part B – Breakdown of Electronic Equipment Do you require cover for Electronic Equipment (Blanket Limit \$10,000 and Data Media materials and records \$2,000)? Yes No

Do you require cover for Increase in Cost of Working? Yes No

Please state the amount \$

SECTION 7 GENERAL PROPERTY

Do you require General Property Insurance? Yes No

Description of items to be insured i.e. Make, Model, Serial number for identification purposes

1. Laptop(s):	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
2. Other items:	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>

SECTION 8 LIABILITY INSURANCE

Indemnity limit required \$5,000,000 \$10,000,000
 \$15,000,000 \$20,000,000

Name of your Current Insurer?

If your current expiring policy is written on a Claims Made wording do you wish to continue your cover on this basis? Yes No

If you have answered Yes and require cover on a Claims Made wording please advise Retroactive Date (the first date you continually held this insurance)

Does your premises have the following facilities?

Playgrounds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pool or Sporting Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Op shop or similar income generating activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Property Owners seeking Property Owners Liability cover only do not need to complete the remaining questions in this Section.

COVER REQUIRED (cont)

SECTION 8 LIABILITY INSURANCE (cont)

This policy automatically covers the following activities.

Fetes or similar, outings, organised games, op shops, camps and excursions, fundraising.

Over the next 12 months, will you be involved in off-site risks or high risk activities? If yes please complete the following.

Activity	Number of times held per year	Estimated number of participants per activity	Are activities run by an external party?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Molestation/Sexual Abuse Cover

How often are adults formally left alone with Children/young people on a one-on-one basis? times per week
 hours per week

If you employ people to work in child-related employment, you have obligations under the State Working With Children legislation. A Prohibited Employment Declaration must be sought from anyone applying for child related employment, including volunteers. Have you obtained these declarations from all your paid and volunteer employees who are working in child-related employment? Yes No

A background check is mandatory for any person working with children. Do you undertake police checks for all people who care for, work with or are involved with children or young people? Yes No

Do you interview and check references of all people applying to work with, care for or be involved with children or young people? Yes No

Do you have child protection guidelines with procedures for dealing with abuse complaints? Yes No

Have you ever received complaints relating to molestation/sexual abuse or similar? If yes, please provide details on a separate page and attach to this application. Yes No

Are you aware of any person who attends or is involved with your organization and has previously committed a molestation or child abuse offence? IMPORTANT: Please be aware that your policy includes a 'Sexual Abuse Exclusion by Known Offenders'. If yes, please provide details on a separate page and attach to this application. Yes No

Hours of operation: From: To:

Do you provide a vacation care service? Yes No

If yes, please advise details of the activities or excursions which take place away from the business premises?

If yes, do you obtain parent consent forms for the above activities? Yes No

If yes, do you obtain an indemnity and release form signed by a parent or guardian? Yes No

Do you conduct or organise any fund raising activities or Fetes? Yes No

If yes, please provide details: (type of activities)

COVER REQUIRED (cont)

SECTION 9 PROFESSIONAL INDEMNITY INSURANCE

Please indicate the indemnity limit required

Childcare Centre \$5,000,000 \$10,000,000 \$15,000,000

Home Based Child Care only: \$2,000,000

Does this proposed insurance replace an existing policy? Yes No

If yes please provide:

The name of the Insurer

Limit of Indemnity \$

Retroactive date (the first date you continually held this insurance)

SECTION 10 LIABILITY OF OFFICIALS

Please indicate the indemnity limit required

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000

If Directors & Officers cover is required please provide the most recent financial statements and/or reports (Balance Sheets, Profit & Loss Account and Cash Flow Statements and notes attaching thereto).

Do you require cover for Indemnifiable Fines and Penalties \$100,000 Yes No

Does this proposed insurance replace an existing policy? Yes No

If yes please provide:

The name of the Insurer

Limit of Indemnity \$

Retroactive date (the first date you continually held this insurance)

COVER REQUIRED (cont)

SECTION 11 EMPLOYMENT PRACTICES LIABILITY

Please indicate the indemnity limit required:

\$1,000,000

\$2,000,000

Number of Employees:	This year	Last Year	Previous Year
Directors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Officers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Time Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part Time Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary / Casual workers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contracted in Labour	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fixed Term / Task Employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Contractors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dismissed by Employer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Made redundant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Resigned Voluntarily	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the Organisation:

- Require applicants for employment to complete a written application as part of the hiring process Yes No
- Carry out required reference checks for all employees and contractors Yes No
- Have well documented recruitment guidelines and procedures Yes No
- Distribute an employee handbook to all its employees Yes No
- Have a written policy on all types of discrimination and abuse Yes No
- Have an internal documented incident/allegation/grievance/complaint procedure Yes No
- Review or carry out exit interviews for all resignations Yes No
- Require dismissals to be reviewed by a solicitor and/or industrial relations specialist Yes No
- Comply with all statutory requirements concerning its employees Yes No
- Post all notices required by law in places conspicuous to all employees Yes No

If No to any sub questions above, please give details:

COVER REQUIRED (cont)

SECTION 11 EMPLOYMENT PRACTICES LIABILITY

Does this proposed insurance replace an existing policy? Yes No

If yes please provide:

The name of the Insurer

Limit of Indemnity \$

Retroactive date (the first date you continually held this insurance)

SECTION 12 VOLUNTEERS PERSONAL ACCIDENT

Do you require cover under this section Yes No

How many volunteers might you engage at any one time?

What type of activities will they undertake for you?

Please indicate the level of Benefits required (Weekly/ Capital):

- | | |
|---|--|
| <input type="checkbox"/> \$100/\$10,000 | <input type="checkbox"/> \$600/\$60,000 |
| <input type="checkbox"/> \$200/\$20,000 | <input type="checkbox"/> \$700/\$70,000 |
| <input type="checkbox"/> \$300/\$30,000 | <input type="checkbox"/> \$800/\$80,000 |
| <input type="checkbox"/> \$400/\$40,000 | <input type="checkbox"/> \$900/\$90,000 |
| <input type="checkbox"/> \$500/\$50,000 | <input type="checkbox"/> \$1,000/\$100,000 |

SECTION 13 PERSONAL ACCIDENT & ILLNESS FOR CARE PROVIDERS

Do you require cover under this section Yes No

Please provide the names of care providers to be insured.

Please indicate the level of Benefits required (Weekly/ Capital):

- | | |
|---|--|
| <input type="checkbox"/> \$100/\$10,000 | <input type="checkbox"/> \$600/\$60,000 |
| <input type="checkbox"/> \$200/\$20,000 | <input type="checkbox"/> \$700/\$70,000 |
| <input type="checkbox"/> \$300/\$30,000 | <input type="checkbox"/> \$800/\$80,000 |
| <input type="checkbox"/> \$400/\$40,000 | <input type="checkbox"/> \$900/\$90,000 |
| <input type="checkbox"/> \$500/\$50,000 | <input type="checkbox"/> \$1,000/\$100,000 |

COVER REQUIRED (cont)

If illness cover is required, please complete the following for all persons requiring cover.

Are you now in good health?

Yes No

Are you currently aware of anything which may at any time render necessary a surgical operation? If yes, please provide details.

Yes No

During the last six weeks, have you been exposed to any infectious diseases? If yes, please provide details.

Yes No

Give particulars of illnesses during the last five years which have disabled you for more than one week. Please provide dates and duration of such disablement.

Yes No

Have you ever had any of the following:

Any blood disease

Yes No

Asthma

Yes No

Hepatitis

Yes No

Any cancer

Yes No

Fistula

Yes No

Kidney Disease

Yes No

Any lung condition

Yes No

Haemorrhoids

Yes No

Pleurisy

Yes No

Any central nervous system disease

Yes No

Heart Disease

Yes No

Pneumonia

Yes No

Rheumatic Fever

Yes No

HIV/AIDS

Yes No

If you answered yes to any of the above, please provide details:

SECTION 14 CHILDRENS PERSONAL ACCIDENT

Do you require Personal Accident cover for children registered with you at the centre?

Yes No

Please provide the number of children registered at the centre:

15. SIGNATURE AND DECLARATION

The Duty of Disclosure, Non-Disclosure, Co-Insurance and Inadequate Space to Answer notices set out above have been read by me/us.

All answers and statements made in connection with this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance. I acknowledge you reserve the right to decline any application.

Applicant's Signature:

Date:

Applicant's Title: